

***Thank you for your interest in
Prince of Wales Private Hospital for the birth of your baby ...***

We encourage you to book with our Maternity Bookings Coordinator as soon as possible.

To secure your booking with us, please complete the consent form below that recognises in the event that you cancel or choose not to utilise your booking with us, an amount of \$250.00 will be deducted from your credit card as a Booking Cancellation Fee.

In the unfortunate event of Medical Complications related to the birth that prevent you delivering with us there will be no amount taken as payment.**

Please send this form to Maternity Bookings with your Pre-Admission Form to complete and confirm your booking.

✉ **Maternity Bookings
Prince of Wales Private Hospital
Locked Bag 2
Randwick 2031**

Fax: (02) 9650 4580

Email: powprivate.maternity@healthscope.com.au

Confirmation of your booking will come via the post within approximately 2 weeks of the hospital receiving **BOTH** your **Pre-Admission Form** and the **Maternity Booking Form** below.

*** In the event of Medical Complications related to the birth preventing your delivery with us we will require confirmation from your Prince of Wales Private Hospital accredited Obstetrician.*

✂ -----

Maternity Booking Form



Name of Patient: Contact Number:

Address: Suburb: Postcode:.....

Email Address:

Obstetrician: Due Date:

Cancellation Payment Details:

Card Type: Visa Master Card American Express

Name on Card:

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry: _ _ / _ _

I agree that an amount of \$250.00 will be debited from my credit card (detailed as above) in the event that I choose not to utilise my booking for reasons other than due to Medical Complications related to the birth that prevent me from delivering at Prince of Wales Private Hospital.

I understand that this payment will be deducted approximately 30 days after my due date and that if the funds are not available at this time I will be required to pay this amount by alternative means.

Name: Date:

Signature: